



International  
OCD  
Foundation

## OCD and Related Disorders Clinic Profile

# UF Health OCD, Anxiety, and Related Disorders Clinic

Clinic/Program Director: Megan Barthle-Herrera, PhD Gary Roy Geffken, PhD

Name of Intake Coordinator: Ashley Ordway, MEd, EdS

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<https://psychiatry.ufl.edu/patient-care-services/ocd-program/>

UF Health Division of Psychology at SH2

4197 NW 86th Terrace

Gainesville, FL 32606

### Treatment Providers:

Megan Barthle-Herrera, Ph.D.

Joseph McNamara, Ph.D.

Ashley Ordway, M.Ed./Ed.S.

Andrea Guastello, Ph.D.

Melissa Munson, Ph.D.

Matt Daley, Ph.D.

Carol Mathews, M.D.

### Payment Options:

Private Insurance

Self-pay

### Populations Served:

Adults

Adolescents

Children

### Treatment Strategies Offered:

Acceptance and Commitment Therapy (ACT)

Cognitive Behavioral Therapy (CBT)

Exposure and Response Prevention (ERP)

Habit Reversal

Medication

Teletherapy

**Areas of Specialty (in addition to OCD in general):**

Body Dysmorphic Disorder (BDD)  
Hoarding Disorder  
PANDAS/PANS  
Perfectionism  
Scrupulosity  
Skin Picking (Excoriation Disorder)  
Tics/Tourettes  
Trichotillomania (Hair Pulling Disorder)  
Violent/Sexual Obsessions

**Summary of our services:**

Founded by Drs. Wayne Goodman and Gary Geffken in 1991, The UF Health OCD, Anxiety, and Related Disorders Clinic has been in existence for 30 years. Dr. Joseph McNamara is currently Chief of the Division of Psychology. Our clinic specializes in the treatment of OCD and related disorders across the lifespan. The division has produced hundreds of published studies and book chapters that focus on the assessment and treatment of these disorders. Numerous OCD spectrum disorder treatment specialists and researchers have been trained in this program.

We work collaboratively with psychiatry and thus, provide the option of psychopharmacological augmentation. Additionally, we collaborate with the UF Center for OCD, Anxiety and Related Disorders (COARD). COARD is an interdisciplinary group of researchers and clinicians who conduct clinical and translational research in obsessive compulsive and anxiety disorders. The Division of Psychology also works with COARD and the Department of Psychiatry to conduct Fear Facers Camp, a summer day camp for children with OCD and related disorders.

Many local accommodations offer a “hospital rate” for those seeking treatment. Those who may not be able to afford lodging can apply to stay at the Ronald McDonald House. Patients are required to provide their own transportation.

**Treatment Planning Process**

Prospective patients will contact our clinic to receive a pre-intake packet that includes measures looking at symptoms of OCD and related disorders. These packets are screened by Dr. Megan Barthle-Herrera and Mrs. Ashley Ordway to assess appropriateness for intake in our clinic. A follow up phone screen may be conducted if more information is needed. If appropriate, an intake will be scheduled to further assess diagnostic differential and to make an individualized therapeutic plan. If patients are determined to be inappropriate for our clinic, they will be referred to appropriate services (e.g., general clinic, other specialty clinic, higher level of care). This is a collaborative process in which the patient’s stated goals at intake are addressed. This plan will be conveyed to the patient and their caregivers or family members, as it is important for everyone in the home to understand OCD or OCD related disorders so that appropriate support can be provided and so family members understand how to not accommodate to the patient’s symptoms.

During the first appointment, a comprehensive intake is completed to determine differential diagnoses. For those with OCD, an assessment of symptom severity is conducted using the Children's Yale Brown Obsessive Compulsive Scale or the Yale Brown Obsessive Compulsive Scale at intake or second session, and at various points throughout treatment, so we can track improvement in various symptom domains. CBT-ERP is the evidence-based treatment used in our clinic. Psychoeducation is provided to the patient about OCD and why CBT-ERP is an efficacious method to treat it. A fear hierarchy will be generated and a discussion will occur about how the patient and the treatment team will work in a collaborative manner at the patient's pace to do exposure exercises every session and for homework. CBT-ERP will then occur until symptom severity is reduced (usually 15-20 sessions). A discussion of relapse prevention will occur at the end of treatment.

We will also address other psychological symptoms that we know interfere with treatment. In this vein, we are always adjusting CBT-ERP treatment to incorporate other treatment techniques to improve treatment response (e.g., motivational interviewing, ACT) as needed. Patients may be referred to our psychiatry team for a medication consultation on an as needed/as requested basis.

### **Core Treatment Components**

We provide evidence-based treatments to address OCD spectrum disorders and other anxiety disorders. In general, CBT-ERP is the first line psychological treatment for OCDs, though habit reversal training and acceptance and commitment therapy are utilized based on presenting symptomology and to supplement CBT-ERP interventions. A wide range of co-morbid conditions can be addressed during OCD treatment. Our clinic includes interdisciplinary collaboration between psychology, psychiatry, and movement disorders clinics, as well as other specialty clinics within the UF Health system, when clinically indicated. OCD related groups are created on an as needed basis based on interest. In the past we have facilitated groups for OCD support, Perinatal and Postpartum OCD, and Hoarding Disorder.

### **Parents, Family Members, Friends, Teachers, etc. Involvement**

With OCD treatment as with many mental health conditions, family members can play a seminal role in shaping and maintaining treatment outcomes. Thus, we offer Family-Based CBT-ERP when feasible and appropriate. This directly includes family members in the treatment of OCD. Research shows that involving family members increases familial understanding of patient's symptoms and teaches them how to balance supporting the patient versus doing behaviors that actually maintain the patient's symptoms and increase stress on the family. In short, involving individuals who interact with the patient frequently outside of the therapy room often improves treatment effectiveness. However, familial involvement is up to the patient and, in some cases, is not appropriate. In addition, key stakeholders such as teachers may be provided with consultation to help increase sustainability and adherence to the treatment protocol maintenance in a wider variety of settings.

### **Treatment of Co-Morbid Disorders**

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conditions can be addressed during OCD treatment. Our clinic includes interdisciplinary collaboration between psychology, psychiatry, and movement disorders clinics, as well as other specialty clinics within the UF Health system, when clinically indicated.

### **Individual Therapy**

Decisions regarding the frequency of how often patients meet with staff members is determined following the intake. In general, patients receiving treatment attend sessions lasting approximately 60 to 90 minutes. Treatment most often ranges between daily and weekly.

### **Length of Stay**

The frequency and intensity of sessions is determined on a case-by-case basis. Generally, patients receive treatment on a weekly basis for approximately fifteen to twenty 60-minute sessions. Those who participate in the intensive treatment program can receive treatment on a two to five day per week basis for approximately fifteen to twenty sessions lasting approximately 60 minutes. There is flexibility for booster sessions after the initial episode of care, but based off research and clinical experience, we generally encourage patients to at least try a period of time away from treatment (e.g., 1-3 months) at this point to practice treatment skills before returning to address any remaining symptoms.

### **“Census” (i.e., the maximum number of clients seen at any given time)**

We generally see 2-4 patients with OCD for intensive treatment per week with additional room to accommodate intensive cases. The number of patients with OCD seen on a once per week basis ranges from 20-25.

### **School Facilities**

There are no school facilities available.

### **Diversity Statement**

UF Health Shands and the University of Florida Health Physicians comply with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, ethnicity, age, physical or mental disability, socioeconomic status, religion, culture, language, marital status, sex, sexual orientation, or gender identity or expression.

The Department of Psychiatry hosts an Anti-Racism and Health Equity Group for employees, and our Division of Psychology created a Diversity Town Hall for staff, clinicians, and student trainees to regularly discuss changes that can be made in our program to better represent and serve our diverse population of providers and patients. Faculty, Staff, and Trainees all receive diversity training through the university, and many also engage in social justice and multicultural efforts outside of their time in the clinic.

### **Other Resources**

Support groups, group therapy, and family therapy related to OCD, anxiety, and related disorders are provided on a need-based schedule related to patient interest and availability.